**Zumba with Ionie**

**Agreement, Release and Waiver of Liability
Disclaimer: You should always consult with your doctor before beginning any type of exercise or physical liability.**

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

**Waiver, Informed consent, and covenant not to sue**

I have volunteered to participate in a class, course or program containing physical exercise under the direction of Zumba with Ionie. In consideration of Zumba with Ionie, agreement to instruct, I do here release and discharge and hereby hold harmless Zumba with Ionie, and their respective contractors and employees from any and all claims, demands, damages, rights or causes of action, present and future, arising out of or connected with my participation in this or any classes including any injuries resulting from them. This waiver and release from liability includes, without limitation, injuries which may occur as a result of my participation in any sessions.

**Assumption of Risk**

To my best knowledge I am in good physical condition and have no disease, physical limitation, health concern or injury that would be aggravated or would be the cause of any injury sustained, before, during or as a result of my participating in activities related either directly and/ or indirectly to Zumba with Ionie. If I have a pre-existing injury I have spoken to Ionie so she can adapt movement to minimise aggravating my injury.

I recognise that exercise might be difficult and strenuous and there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack; and, in rare instances, death.

I understand that as a result of my participation in an exercise or other program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I recognise that an examination by a physician should be obtained by all participants prior to involvement in any exercise or physical program. If I have chosen not to obtain a physician’s permission prior to beginning this exercise or physical program with Zumba With Ionie, I hereby agree that I am doing so at my own risk.

In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/ or exercises in which I participate.

I agree to be mindful about the spread of Covid-19 when attending Zumba sessions and will make the sensible decision if I have Covid symptoms.

I acknowledge that I have thoroughly read this waiver and release and fully understand that it is a release of liability. By signing this document, I am waiving any right I or my successors might have to bring a legal action or assert a claim against Zumba With Ionie, for your negligence or that of your employees, agents, or contractors.

Participant Name ……………………………………………………………………… Date………………………..

Participant Signature…………………………………………….. Telephone……………………………………………….

Email………………………………………………………………………………………………………………………………..